## **Town of Hopkinton HEALTH DEPARTMENT,** 18 Main Street, Hopkinton, MA 01748 (508) 497-9725

Fee	\$250.00 Per site evaluation (4 Deep holes 2 percs)	
Test Date	Time:	
	Dig Safe Number #:	
	Application MUST have Dig Safe#	
Trench Permit	#	
	Dig Safe Number & Trench Permit Number is obtained from the DPW, 83 Wood St., Hopkinton, MA (508) 497-9740 Application MUST have Trench Permit#	Chapter 82A, Section 40 - > 3 feet deep, <15 feet wide

	VITNESSING OF SC	
Festing for: NEW CONS	the land to be tested short TRUCTION   OR F	
<b>→</b> If the land has been tested and proven an Address Assignment from the received, apply for a Well	<mark>en suitable for development the</mark>	e developer is REQUIRED to rections (508) 497-9745 and THEN o
APPLICANT Full Name		Telephone
Street number and name	City	State and Zip Code
Property Owner	•	
Full Name		Telephone ( )
Street number and name	City	State and Zip Code
Testing Location		
Street Address (Name & Number)	Builder's Lot #	Assessor's Map # Block Lot
Zoning Classification? A	ny FloodPlain/Wetlands?	Town Water or Private Well?
If residential - existing or proposed num If non-residential describe use and Title		aber of Lots to be tested?
Dates of Previous Testing (If performed)  QUALIFIED PROFESSIONAL MUST BE A	S A M	D E D
NSURE A COPY OF CERTIFICATE IS ON FILE WITH <b>B</b> OARD OF <b>H</b>		ETTS DEPARTMENT OF ENVIRONMENTAL PROTECTION
Name	P.E. /R.S./Other	ID Telephone ( )
Company		
Street number and name	City	State and Zip Code
understand that it is my responsibility to secure to quipment including backhoes, survey and/or excepproval required by any other state or local agency plans and any notes taken during the soil testing cknowledge that the information provided above	avators and water to do all required testi cy (i.e. DPW, Conservation Commission g are subject to the mandatory disclo	ng without undue delay, and to secure any n, Dig Safe). Be advised that your applic sure provision to M.G. L. c.66, S10(a).
Signature of Applicant:	·	
Agracuit of Applicant.	Datc	<del></del>

Signature of Applicant:	Date:	
Signature of Owner if not Applicant	Date:	

## THE PROCEDURE FOR THE SCHEDULING OF APPOINTMENT(S) FOR THE BOARD OF HEALTH OR THEIR AGENT TO WITNESS PERCOLATION TESTS AND/OR DEEP OBSERVATION HOLES IS AS FOLLOWS:

→If the land has been tested and proven suitable for development the developer is **REQUIRED** to request an Address Assignment from the Director of Municipal Inspections (508) 497-9745 and **THEN** once received, apply for a Well or Subsurface Disposal Construction Application/Permit.←

- 1. The application is to be completely filled out by you and returned to the Department with the fee for the witnessing of soil testing and a sketch and/or plot plan of the location of the proposed test location. The fee is \$250.00 per site that includes a primary and reserve sewage disposal area.
- 2. When the completed application with Dig Safe and Trench Permit #'s and fee have been received by the Department, the applicant's qualified professional will be contacted regarding an appointment date and time. It is the applicant's responsibility to arrange for backhoe services and contact Dig Safe at (888) 344-7233. In addition, excavation contractors must secure a trench permit issued by the Hopkinton DPW located at 83 Wood Street (508) 497-9740.
- 3. If a scheduled appointment must be postponed the Health Department must be contacted as soon as possible to reschedule the appointment. If this procedure is followed it will not be necessary to repay the testing fee for the rescheduled appointment, provided the appointment is rescheduled within one year of the original application. If a scheduled appointment is canceled by the applicant the fee will not be refunded unless requested in writing.
- 4. A minimum of two deep observation holes and one percolation test is required in the proposed sewage disposal system location and a minimum of two deep holes and one percolation test in the reserve area. Depending on soil conditions or the size of the system it may be necessary to perform additional deep observations holes and/or percolation tests in the proposed system and/or reserve area.

Please Note: INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT AND SOIL TESTING WILL NOT BE SCHEDULED. If you have any questions on these procedures, please contact the Health Department at (508) 497-9725. The Office is open Monday, Wednesday, Thursday from 8:00 a.m. to 4:30 p.m., Tuesday from 8:00 a.m. to 7:00 p.m. and Friday from 8:00 a.m. to 2:00 p.m.

## **Town of Hopkinton HEALTH DEPARTMENT,** 18 Main Street, Hopkinton, MA 01748 (508) 497-9725

TO: Soil Evaluators, Professional Engineers, Registered Sanitarians, Builders, Developers Real Estate Agents, etc.

**RE**: Witnessing Soil Testing by the Board of Health or their Agent

The State Environmental Code, 310 CMR 15.000, Title 5: Standard Requirements for the Siting, Construction, Inspection, Upgrade and Expansion of On-Site Sewage Treatment and Disposal Systems and for the Transport and Disposal of Septage governs on-site sewage disposal within the State,"... Every proposed disposal area shall be examined to determine the disposal area is compatible with the proposed sewage disposal system in relation to the design flow set forth in 310 CMR 15.203 and system location criteria set forth in 310.106".

The function of the soil evaluator is to enhance the review and approval of the proposed septic system by ensuring that appropriate expertise in soil identification, groundwater hydrology, and topography is available when the characteristics of the proposed disposal area are determined for purposes of applying the siting and design criteria set forth in 310 CMR 15.000. Soil evaluators may perform the site evaluation required by 310.CMR 15.100 while acting either as an agent of an approving authority (a fee may be assessed pursuant to M.G. L. c40s 22F), or as an independent agent of the owner in the presence of the approving authority. If the evaluator is an agent or member of the approving authority having jurisdiction over the system, he or she shall not act as an agent for the owner.

Based upon an evaluation of the suitability of the proposed disposal area for a proposed, upgraded or expanded system in accordance with 310 CMR 15.100 through 15.107, the Soil Evaluator shall certify to the approving authority and the Designer as to the accuracy of the soil evaluation in conformance with 310 CMR 15.201 through 15.293. The certification shall contain a recitation of the fact and rationale underlying the soil evaluation and a copy of the soil evaluation form. The soil evaluator shall submit the results with the following statement:

"I certify that on (insert date) I have passed the examination approved by the Massachusetts Department of Environmental Protection and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.018(2). Any certification shall be forwarded to the approving authority, the designer and the property owner.

"Failure to forward certifications to the approving authority within 60 days of the date of the field testing shall be cause for revocation of the Site Evaluator's certification...".